User Account Request Form

This Request is for: □New * Please provide c		Update* □Deacti JserID:		
USER INFORMATION				
Last Name: Full Na Location: E-mail:	Phone:	RSA token	ax:	
Citizenship (and Visa Status if not U.S.) Mailing address: Please check the boxes that describe you: □ NASA civil service employee □ ContractorCompany Name □ Other (student, visiting scientist, etc.) Normal location of access				
 □ Long Term Login (must be re-validated annuments) □ Temporary Login: ID will expire on □ Add to ACD mailing list: 	<u></u>			
Access Code UserID Machine NASA GSFC AC	CD Unix Cluste	r:	Access Code 1 = Privileged 2 = Lts. Privileged 3 = User (onsite) 4 = User (offsite) 5 = Email only	
Stand alone systems: Access Code Machine UserID				
FOR OFFICE USE ONLY User's home machine: User's home link: User's shell: Account authorized by: Account created by: Other groups: Acct Vrafe:		Account Status: User's color group: on: on:	expires:	
Acct version by @	Min Chg:	Max Chg: W	Varn: Inact:	

ALL USERS MUST READ AND SIGN TH	HIS STATEMENT				
By signing below, the user is indicating that he/she has describe official business use and acceptable use for NASA com 4.9, as well as the Rules of Behavior for NASA-administered sy Section 4.7.7 Figure 4-8 and is also acknowledged by the user's	nputer systems according to NPG2810.1 Sections 4 stems. The following statement is required by NPG	.8.2 - 4.8.4 and			
Unauthorized use of the computer accounts and computer resources to which I am granted access is a violation of Section 799, Title 18, U.S. Code; constitutes theft; and is punishable by law. I understand that I am the only individual to access these accounts, and will not knowingly permit access by others without written approval. I understand that my misuse of assigned accounts, and my accessing others' accounts without authorization is not allowed. I understand that this/these system(s) and resources are subject to monitoring and recording. I further understand that failure to abide by thse provisions may constitute grounds for termination of access privileges, administrative action, and/or civil or criminal prosecution.					
Signature:	Date:				
APPROVAL (Make sure that signature is completed)					
ATR/Civil servant Sponsor Concurrence (for contractor and other)	Printed Name/Title	Date			

Forms without complete application information and/or required approval will be returned to the user.